



Southern Health Association

Southern Health Association Resolution #2-2007 Promoting Active Communities by Environmental Design

WHEREAS: The Southern Health Association supports the position that changes in the built environment are needed to make communities more livable and the citizens physically active. These changes are essential elements to help reduce the obesity epidemic.

WHEREAS: Physical inactivity causes numerous physical and mental health problems, is responsible for an estimated 200,000 deaths per year, and contributes to the obesity epidemic.¹ Among preschool children and adolescents, obesity has doubled since the 1970s and the percentage of obese children 6 to 11 years old has tripled.²

WHEREAS: The design of our communities affects people's ability to reach the recommended 30 minutes each day of moderately intense physical activity (60 minutes for youth). The CDC determined that improving and creating environments that promote more activity could result in a 25% increase in the percentage of people who exercise at least three times a week.³ Forty three percent of people with safe places to walk within 10 minutes of home met the recommended activity levels, while just 27% of those without safe places to walk were active enough.⁴ An analysis of studies in six communities found that on average, residents in highly walkable neighborhoods took twice as many walking trips as people in less walkable neighborhoods. Most of the increase was due to many walking for errands or to go to work.⁵ People who live in neighborhoods with a mix of shops and businesses within easy walking distance have a 35% lower risk of obesity.⁶ Walkable communities give residents a variety of destinations within walking distance of home and safe and connected streets and pathways to get there.⁷

WHEREAS: Southern Health Association recognizes that there is a science to building communities that promote physical activity and community connections. Active, friendly environments include: mixed land use, sidewalk connectivity, well designed streets, destinations for walking and biking and a safe environment.⁸ Pedestrian master plans outline the framework of a local pedestrian network and identify improvements that will enhance the pedestrian environment and increase opportunities to choose walking (with and without assistive devices) and biking as modes of transportation. Pedestrian master

plans include initiatives such as Rails to Trails, which involves converting unused railroad tracks into pedestrian walking and biking paths. The goal of a pedestrian master plan is to encourage walking and biking as the preferred modes of transportation.⁹

THEREFORE BE IT RESOLVED THAT: The Southern Health Association supports the creation of pedestrian friendly environments that encourage physical activity for all age groups. Development of pedestrian master plans is a key strategy that all communities should take as a first step toward making an environment active. Walkable community concepts should be embraced by public health advocates and should be a part of the daily work that residential and commercial developers use. Planning boards should have a good working knowledge of active community principles. Planning and zoning codes should include provisions for sidewalks and bike paths. Along with policy changes, immediate modifications to the built environment that are not as complex or expensive as retrofitting an entire community should be made in local communities. Some of these changes include bicycle parking, curb ramps, crosswalks and features that slow traffic, making it easier and safer to walk or bike.^{10,11} Planning zones should realize that evidence based design will improve building construction to assist communities be more livable for staff and visitors.

Origin: Kentucky 2007

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Date

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¹ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (1996). Physical activity and health: A report of the Surgeon General. Washington, D.C.: Government Printing Office

² Two prominent public health journals released special issues on health and the built environment that are recommended reading: Northridge, M (Ed.), 1993. Built environment and health [Special issue]. American Journal of Public Health, 93, 1369-1608; Killingsworth, R. (Ed.), (2003). Health promoting community design [Special issue]. American Journal of Health Promotion, 18, 1-122.

³ Centers for Disease Control & Prevention, Guide to Community Preventive Services. (2002). Creating or Improving Access to Places for Physical Activity is Strongly Recommended to Increase Physical Activity. Retrieved January 10, 2004 from <http://www.thecommunityguide.org/pa/default.htm>.

⁴ Powell, K.E., Martin, L., & Chowdhury, P.P. (2003). Places to walk: convenience and regular physical activity. American Journal of Public Health, 93, 1519-1521.

⁵ Saelens, B.E., Sallis, J.F. & Frank, L.D. (2003). Environmental correlates of walking and cycling: Findings from the transportation, urban design and planning literatures. Annals of Behavioral Medicine, 25, 80-91.

⁶ Frank, L.D., Andresen, M.A. & Schmid, T.L. (2004). Obesity relationships with community design, physical activity and time spent in cars. American Journal of Preventive Medicine, 27, 87-96.

⁷ Active Living Research: Design for Active Transportation. March 2005. 1-3. www.activelivingresearch.org.

⁸ Community Design, Active Living and Public Health; [http://www.lgc.org/freepub/land use/presentation](http://www.lgc.org/freepub/landuse/presentation)

⁹ Federal Highway Association; <http://www.fhwa.dot.gov/environment/sidewalk2/sidewalks203.htm#sta>

¹⁰ Handy, S.L., Boarnet, M.G., Ewing, R., et al. (2002). How the built environment affects physical activity: Views from urban planning. American Journal of Preventive Medicine, 23 (2S), 64-73.

¹¹ Ewing, R. & Cervero, R. (2001). Travel and the built environment. Transportation Research Record, 1780, 87-114.
